

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ APR 30 2024 ★

BROOKLYN OFFICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

DARNELL Green

Plaintiff,

[Insert full name of plaintiff/prisoner]

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

JURY DEMAND

YES _____ NO _____

REC'D IN PRO SE OFFICE
APR 30 '24 PM 12:04

-against-

T. Ahnbrister, nurse practitioner
officer reed,
officer Daddazio,
officer John Doe,

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

24-cv-03267-NCM

Merle, J
Bloom, MJ

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Green, Darnell

If you are incarcerated, provide the name of the facility and address:

Green Haven Correctional
P.O. Box 4000
Stormville N.Y. 12582-4000

Prisoner ID Number: 07-B-0547

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

T. Ahnbrster
Full Name
Nurse practitioner
Job Title
Sullivan Correctional Facility
P.O. Box 116
Fallsburg, New York 12733-0116
Address

Defendant No. 2

Officer, Reed
Full Name
Correctional Officer
Job Title
Sullivan Correctional Facility
P.O. Box 116
Fallsburg, New York 12733-0116
Address

Defendant No. 3

Officer, Daddezio
Full Name
correction officer
Job Title
P.O. Box 116
Fallsburg, New York 12733-0116

 Work Address

 City

 State

 Zip Code

Defendant No. 3:

 Name (Last, First)

 Job Title

 Work Address

 City

 State

 Zip Code

Defendant No. 4:

 Officer John Doe,
 Name (Last, First)

 Correctional officer
 Job Title

 SULLIVAN Correctional Facility
 Work Address P.O. Box 116

 Fallstburg, New York 12733-0116
 City State Zip Code

If there are additional defendants, the information requested in this section must be provided for each person; additional sheets of paper may be used and attached to this complaint.

IV. STATEMENT OF FACTS

State briefly and concisely the facts supporting your claims. Describe the events in the order they happened. Your statement of facts should include the following:

- The date(s) on which the events occurred
- Where these events took place (identify the facility and, if relevant, the specific location in the facility)

- How each defendant was involved in the conduct you are complaining about

If you were physically injured by the alleged misconduct, describe the nature of your injuries and the medical evaluation and treatment you were provided. You need not cite to case law or statutes or provide legal argument in the Statement of Facts. Use additional sheets of paper if necessary.

On May 3, 2022 a use of excessive force took place at the Sullivan C.F. By the above officers because I refuse to leave off the Draft Bus. Co. Reed, Co. D'Ardezio and Co. "John Doe" had taken me off the bus by force in to a hallway then started punching me in the face and bent my right leg and kicking me. June 2022. at Sullivan X-ray took place because I had suffered a Leg injury [Quadriceps Atrophy], the X-ray seen Black spots on my Bone tissue. Do to Trauma, I also were told that I had Tumor Treatment was physical therapy Mar 2023

V. STATEMENT OF CLAIM(S)

State briefly and concisely the constitutional and/or statutory basis for each claim you seek to assert and identify the defendant(s) against whom each claim is

asserted. Commonly asserted claims include: excessive force; failure to protect; deliberate indifference to medical needs; unconstitutional conditions of confinement; denial of due process in a disciplinary or other proceeding; denial of equal protection; retaliation for the exercise of a First Amendment right; and interference with free exercise of religion. Legal argument and case citations are not required. Use additional sheets of paper if necessary.

FIRST CLAIM

Plaintiff Raises claims under the Eighth Amendment based on the use of excessive force,

SECOND CLAIM

Deliberate indifference to a serious Medical need

THIRD CLAIM

VI. RELIEF REQUESTED

State briefly what relief you are seeking in this case.

as relief, plaintiff seek 3.5 million and punitive Damages.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: April 19, 2024

Barnell Green

Plaintiff's signature
(All plaintiffs must sign the complaint)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- Citizen of This State ☒ 1 PTF ☐ 1 DEF Incorporated or Principal Place of Business In This State ☐ 4 PTF ☒ 4 DEF
- Citizen of Another State ☐ 2 ☐ 2 Incorporated and Principal Place of Business In Another State ☐ 5 ☐ 5
- Citizen or Subject of a Foreign Country ☐ 3 ☐ 3 Foreign Nation ☐ 6 ☐ 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input checked="" type="checkbox"/> 320 Assault, Libel & Slander			<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 330 Federal Employers' Liability			<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine			<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 345 Marine Product Liability			<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 350 Motor Vehicle			<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 355 Motor Vehicle Product Liability			<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 360 Other Personal Injury			<input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice			<input type="checkbox"/> 485 Telephone Consumer Protection Act
<input type="checkbox"/> 195 Contract Product Liability				<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 196 Franchise				<input type="checkbox"/> 500 Securities/Commodities/Exchange
				<input type="checkbox"/> 890 Other Statutory Actions
				<input type="checkbox"/> 891 Agricultural Acts
				<input type="checkbox"/> 893 Environmental Matters
				<input type="checkbox"/> 895 Freedom of Information Act
				<input type="checkbox"/> 896 Arbitration
				<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
				<input type="checkbox"/> 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

42 U.S.C.A. § 1983

Brief description of cause:

Eighth Amendment based on excessive, deliberate indifference

VII. REQUESTED IN COMPLAINT:

☒ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☒ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

There are no related cases


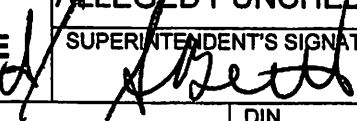
DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

 Corrections and Community Supervision INCARCERATED GRIEVANCE PROGRAM SUPERINTENDENT RESPONSE	GRIEVANCE NO. SUL-0142-22	DATE FILED 5/17/22
	FACILITY SULLIVAN	POLICY DESIGNATION I
	TITLE OF GRIEVANCE ALLEGED PUNCHED IN THE FACE	CASE CODE 49
	SUPERINTENDENT'S SIGNATURE 	DATE
GRIEVANT GREEN, D	DIN 07B0547	HOUSING UNIT BS-209

Grievance SUL-0142-22 has been investigated by security supervisory staff at this facility. Investigation reveals allegations made by the grievant against staff to be meritless and unfounded as the grievant was unable to provide witnesses or additional information to coincide with allegations. Staff mentioned in complaint have gone on written record denying any type of unprofessional work practices or conduct towards the grievant.

Based on the above and the absence of information corroborating the allegation of staff misconduct, this grievance is denied.

APPEAL STATEMENT

If you wish to appeal the above decision of the Superintendent, please sign below and return this copy to the IGRC at the facility where the grievance was filed. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please provide a reason why you are appealing this decision to CORC.

Grievant Complaint aren't Meritless

Darnell Brown
GRIEVANT'S SIGNATURE

June 16, 2022
DATE


GRIEVANCE CLERK'S SIGNATURE

6/17/22
DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)

Green Haven Correctional Facility
P.O. Box 4000
Stormville, New York 12582-4000

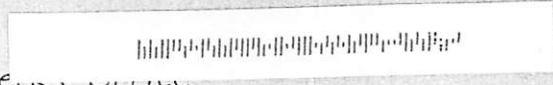
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United State District Court
Eastern District New York
225 Cadman Plaza East
Brooklyn, N.Y. 11201.

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To: Clerk's Office

NEW YORK STATE

Department of Correction COMMUNITY SUPERVISION
INCARCERATED INDIVIDUAL CORRESPONDENCE PROGRAM
NAME: DARNELL GREEN DIN 07-B-0547